Complete Summary

TITLE

Preventive care and screening: percentage of patients aged 18 years and older for whom body mass index (BMI) is documented at least once during the two-year measurement period.

SOURCE(S)

Physician Consortium for Performance Improvement® (PCPI). Preventive care & screening physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Sep. 34 p. [8 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older for whom body mass index (BMI) is documented at least once during the two-year measurement period.

RATIONALE

Patients who are overweight or obese are at higher risk for developing hypertension, cardiovascular disease, type 2 diabetes, stroke, congestive heart failure, respiratory problems, cancer (endometrial, breast, prostate and colon), gallbladder disease and osteoarthritis. Obesity has also been linked to patients experiencing menstrual irregularities, hirsutism, stress incontinence, and psychological disorders such as depression. Body mass index (BMI) is a metric

that can be used to identify patients and risk, as well as guide weight management.

The following evidence statements are quoted verbatim from the referenced clinical guidelines:

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. (USPSTF, 2003)

A number of techniques, such as bioelectrical impedance, dual-energy x-ray absorptiometry, and total body water can measure body fat, but it is impractical to use them routinely. BMI, which is simply weight adjusted for height, is a more practical and widely-used method to screen for obesity. Increased BMI is associated with increase in adverse health effects. Central adiposity increases the risk for cardiovascular and other diseases independent of obesity. Clinicians may use the waist circumference as a measure of central adiposity. Men with waist circumferences greater than 102 cm (greater than 40 inches) and women with waist circumferences greater than 88 cm (greater than 35 inches) are at increased risk for cardiovascular disease. The waist circumference thresholds are not reliable for patients with a BMI greater than 35. (USPSTF, 2003)

Practitioners should use the BMI to assess overweight and obesity. Body weight alone can be used to follow weight loss and to determine efficacy of therapy. (National Heart, Lung and Blood Institute [NHLBI], 1998)

The BMI should be used to classify overweight and obesity and to estimate relative risk for disease compared to normal weight. (NHLBI, 1998)

Classification of Overweight and Obesity by BMI		
	Obesity Class	**BMI (kg/m^2)**
Underweight		Less than 18
Normal		18.5-24.9
Overweight		25-29.9
Obesity	I	30-34.9
	II	35-39.9
Extreme Obesity	III	Greater than or equal to 40

Table found in: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults – The Evidence Report (NHLBI, 1998). Adapted from: Preventing and Managing the Global Epidemic of Obesity: Report of the World Health Organization Consultation of Obesity. WHO, Geneva, June 1997.

PRIMARY CLINICAL COMPONENT

Obesity; extreme obesity; overweight; screening; body mass index (BMI)

DENOMINATOR DESCRIPTION

All patients aged 18 years and older who were seen at least twice for any visits or who had at least one preventive care visit during the two-year measurement period (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients for whom body mass index (BMI) is documented

Note: Refer to the original measure documentation for administrative codes.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- Screening for obesity in adults: recommendations and rationale.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Physician Consortium for Performance Improvement® (PCPI). Preventive care & screening physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Sep. 34 p. [8 references]

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age 18 years and older

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Since 1980, the number of persons considered to be overweight or obese has risen steadily.

In 2003 to 2004, 67% of adults aged 20-74 were overweight (includes the category of obese) and 34% were obese.

The percent of adults considered overweight but not obese has remained about the same since 1960 to 1962 at about 32%-34%.

A 2006 study found that 66.4% of patients had a weight measurement and 40.8% of patients had height documented in the medical record at least once.

EVIDENCE FOR INCIDENCE/PREVALENCE

Asch SM, Kerr EA, Keesey J, Adams JL, Setodji CM, Malik S, McGlynn EA. Who is at greatest risk for receiving poor-quality health care. N Engl J Med2006 Mar 16;354(11):1147-56. [32 references] PubMed

National Center for Health Statistics. Health, United States, 2007: with chartbook and trends in the health of Americans. Hyattsville (MD): 2007.

Physician Consortium for Performance Improvement® (PCPI). Preventive care & screening physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Sep. 34 p. [8 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older who were seen at least twice for any visits or who had at least one preventive care visit during the two-year measurement period

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
All patients aged 18 years and older who were seen at least twice for any visits or who had at least one preventive care visit during the two-year measurement period

Note: Refer to the original measure documentation for administrative codes.

Exclusions

- Documentation of medical reason(s) for not documenting body mass index (BMI) (e.g., patient is non-ambulatory)
- Documentation of patient reason(s) for not documenting BMI (e.g., patient declined)
- Documentation of system reason(s) for not documenting BMI (e.g., equipment not available)

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patients for whom body mass index (BMI) is documented

Note: Refer to the original measure documentation for administrative codes.

Exclusions
None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #10: obesity screening.

MEASURE COLLECTION

The Physician Consortium for Performance Improvement® Measurement Sets

MEASURE SET NAME

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement®

DEVELOPER

Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2008 Sep

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

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MEASURE AVAILABILITY

The individual measure, "Measure #10: Obesity Screening," is published in the "Preventive Care & Screening Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on February 13, 2009. The information was verified by the measure developer on March 25, 2009.

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